PTO/SB/17 (07-06)
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Effective on 12/08/2004. es pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL	Complete if Known			
		Application Number	10/088,913-Conf. #8909	
FFF TRANSI	MITTAL	Filing Date	May 7, 2002	
For FY 2006		First Named Inventor	Michael O. THOMPSON	
		Examiner Name	J. H. Hur	
X Applicant claims small entity state	us. See 37 CFR 1.27	Art Unit	2824	
TAL AMOUNT OF PAYMENT	(\$) 620.00	Attorney Docket No.	3672-0144P	

TOTAL AMOUNT OF	PAYMENT	(\$) 620.00)	Attorney Docket	No.	3672-0144P		
METHOD OF PAYMENT (check all that apply)								
	redit Card Deposit Account	Money Order	Nor Deposit Acc		(please ider Birch, St	ntify):tewart, Kolasch	& Birch, I	_LP
	•			hereby authorize	ed to: (che	eck all that apply)		
Charge	fee(s) indicated	below		Charg	je fee(s) in	dicated below, ex	ccept for t	he filing fee
	any additional f Inder 37 CFR 1	ee(s) or underpa .16 and 1.17	yments o	f x Credit	any over	payments		
FEE CALCULATION	ON							
1. BASIC FILING, SE	ARCH, AND EX	KAMINATION FE	ES					
	FIL	ING FEES	\$E/	ARCH FEES	EXAMI	NATION FEES		
Application Type	Fee (\$	Small Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees	Paid (\$)
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	. 150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FI	EES							Small Entity
Fee Description Each claim over 20 (i	ncluding Reiss	ues)				,	Fee (\$) 50	Fee (\$) 25
Each independent cla	•	,					200	100
Multiple dependent cl	•	,					360	180
Total Claims	Extra Claims	Fee (\$)	Fee F	Paid (\$)	<u>N</u>	Multiple Depende	nt Claims	
18 - 40 =	x	=			<u> </u>	<u>ee (\$)</u> <u>F</u>	ee Paid (<u>(3</u>
HP = highest number of to	otal claims paid for,	if greater than 20.						_
Indep. Claims	Extra Claims	Fee (\$)	Fee F	Paid (\$)				
4 -7 =	×							
HP = highest number of it	•	paid for, if greater th	an 3.					_
3. APPLICATION SIZ If the specification a listings under 37 sheets or fraction	nd drawings ex CFR 1.52(e)), 1	he application s	ize fee du	e is \$250 (\$125 i	onically f	iled sequence or each ac	computer Iditional 5	0
Total Sheets	Extra Sheet		r of each a	dditional 50 or fra			Fee	Paid (\$)
- 100) =	/50		(round up to a who	ole number)) x :		Daid (A)
4. OTHER FEE(S)	Section 6120	500 (1:	aumt)			Fees	<u>Paid (\$)</u>
Non-English Specification, \$130 fee for small entity discount) Other (e.g., late filing surcharge) 2801 Bequest for continued examination (RCE) (see 37 395.00						95.00		
Other (e.g., late filing surcharger, 2200 Extension for response within second month			onth		25.00			
SUBMITTED BY	AMI.							
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